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Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 133(b).

c. ☐ Statement verifying identity of above copies

15. ☒ Other: COPY OF FRENCH PARENT APPLICATION (UNCERTIFIED)

- For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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202-659-1462

11/24/2000

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231**

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="margin: 5px 0 0 20px;"><i>Patent fees are subject to annual revision.</i></p>		<p><b>Complete If Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">To be Assigned</td> </tr> <tr> <td>Filing Date</td> <td>24 November 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Christophe LACROIX and Alain BOUILLLOUX</td> </tr> <tr> <td>Examiner Name</td> <td>To be Assigned</td> </tr> <tr> <td>Group / Art Unit</td> <td>To be Assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>033808.136</td> </tr> </table>		Application Number	To be Assigned	Filing Date	24 November 2000	First Named Inventor	Christophe LACROIX and Alain BOUILLLOUX	Examiner Name	To be Assigned	Group / Art Unit	To be Assigned	Attorney Docket No.	033808.136
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 710															

<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="margin-left: 20px;"> <p>Deposit Account Number: 02-4300</p> <p>Deposit Account Name:</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <div style="margin-left: 20px;"> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> </div>					<p><b>FEE CALCULATION (continued)</b></p> <p><b>3. 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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Frederick F. Calvetti	Registration No. Attorney (Agent)	28,557	Telephone	202-659-2811
Signature				Date	24 November 2000

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